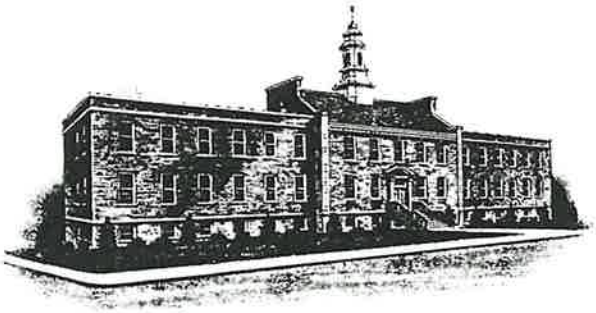

The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

167 MAIN STREET
SAYREVILLE, NEW JERSEY 08872
TEL. 732-390-7020 • FAX 732-390-0509

November 3, 2021

Scott Siegel
Opra+request-26781-5eda26a5@requests.opramachine.com

Re: Request for Access to Public Records

Dear Mr. Siegal:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Construction Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos

Jessica Morelos, RMC
Municipal Clerk

JM/jo

INTER
OFFICE MEMO

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: November 3, 2021

RE: OPRA Request
7 Mystic Ct

Please be advised that the above request has been processed. Please advise Scott Siegel that the information we have on file pertaining to the above address is attached. There aren't any open permits. Any questions, feel free to contact me.

KJM/ah

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/5/05

Date Issued / Permit # 2005.1097

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 229 Lot 1.07 Qualification Code C0507

Work Site Location 7 Mystic Court Sayreville 08872

Owner in Fee Samuel Guine

Address same

Tel ([redacted]

Contractor P&L PLUMBING

Address 105 NEWFIELD AVENUE
EDISON, NEW JERSEY 08837

Tel ([redacted] FAX ([redacted]

Contractor License No. 12108

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 699-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

~~[ ]~~ No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8/4/05

Approved by: E Meyer

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 8/25/05

Approved by: E Meyer

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping	CK		8/25 job	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	23
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Carbon Monoxide Alarms Required

Administrative Surcharge	$
Minimum Fee	$ 60.00
State Permit Surcharge Fee	$
TOTAL FEE	$

All work subject to field inspection

U.C.C. F130 (rev. 1/04)
Internet version

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/18/06
Date Issued
Control #
Permit #2006 1276

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 220 Lot 1007 Qualification Code 0507
Work Site Location 7 MYSTIC CT
SOMERVILLE NJ 08872
Owner in Fee 7 SAM GOINE
Address 7 MYSTIC CT
SOMERVILLE NJ 08872
Tel [redacted]
Contractor ADT Security Servic. INC
Address 21 NORTHFIELD AV
EDISON NJ 08837
Tel [redacted] FAX [redacted]
Contractor License No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ✓
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 524.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors Fract. HP	
		Emergency & Exit Lights	
6		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
6		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

CONTROL PANEL
KEY PAD
MOTION DETECTOR
SOUNDER
2 DOOR/WINDOW CONTACTS

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/24/06
Approved by: I P

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-390-7077

CERTIFICATE
IDENTIFICATION

Date Issued: 09/11/2012
Control #: 47219
Permit #: 20111638

Block: 229 Lot :1.07 0507
Work Site Location: 7 Mystic Ct
Sayreville
Owner in Fee: Guine, Samuel
Address: 7 Mystic Ct
Sayreville NJ 08872
Telephone: [redacted]
Agent/Contractor: ROTO-ROOTER PLUMBING
Address: 80 Veronica Ave
Somerset NJ 08873
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: 10473 Federal Emp. No.: 31-1226376
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Replace water heater

Update Desc. of Wk/Use:

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

9/11/12
Kirk J. Miick Construction Official

Fees: $0.00
Paid[X]Check No.: 04120590
Collected by: tr

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/8/11

Date Issued / Permit # 2011 1638

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 229 Lot 1.07 Qualification Code C0507

Work Site Location 7 Mystic Ct Sayreville NJ 08872

Owner in Fee: Sam Cuine

Tel. [redacted] e-mail

Address 7 Mystic Ct Sayreville NJ 08872
street municipality zip code

Contractor: ROTO-ROOTER Tel. [redacted]

Address 80 VERONICA AVE., SOMERSET, NJ 08873 e-mail [redacted]

Contractor License No. BI 10473 Exp. Date 6/09/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 4" Public Sewer ✓ Private Septic _____

Water Service Size 1" Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ $1,475.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/13/11
Approved by: [signature]

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/9/11
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO		Ca		[signature]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 40 Gals Gas Hot Water Heater Replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Carbon Monoxide Alarms Required

All work subject to field inspection

Administrative Surcharge	$
Minimum Fee	$ 85.00
State Permit Surcharge Fee	$
TOTAL FEE	$

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-390-7077

CERTIFICATE
IDENTIFICATION

Date Issued: 10/02/2012
Control #: 48743
Permit #: 20121167

Block: 229 Lot :1.07 0507

Work Site Location: 7 Mystic Ct
Sayreville

Owner in Fee: Guine, Samuel
Address: 7 Mystic Ct
Sayreville NJ 08872
Telephone: [redacted]

Agent/Contractor: Arctic A/C
Address: 1 Pleasant Valley Rd
Old Bridge NJ 08857
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Replace a/c

Update Desc. of Wk/Use:

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

10/2/12
Kirk J. Miick Construction Official

Fees: $0.00
Paid[X]Check No.: 0952
Collected by: TR

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/7/12

Date Issued Permit # 2012 1167

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 229 Lot 1.07 Qualification Code C0507

Work Site Location 7 Mystic Dr Sayreville, NJ 08872

Owner in Fee: Same

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: Arctic Air Conditioning Tel. [redacted]

Address 1 Pleasant Valley Road e-mail

Old Bridge, NJ 08857

Contractor License No. [redacted] Exp. Date 12/31

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2550.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 9/7/12 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/10/12
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO	9/10/12			
Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: M. Bernadonna

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace outdoor Condenser

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other AC	

All work subject to field inspection

Administrative Surcharge	$
Minimum Fee	$ 165.00
State Permit Surcharge Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/7/12
Control #
Date Issued
Permit # 2012 1167

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 229 Lot 1.07 Qualification Code C0507

Work Site Location 1 Mystic Ct
Swedesboro, NJ 08085

Owner in Fee: Same

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: A. May Electric Inc. Tel. (609) 208-9624

Address 25 Carrs Tavern Road e-mail
Clarksburg, NJ 08510-1505

Contractor License No. 7381A Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1300

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Alan May

Print name here: ALAN MAY

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace outdoor condenser

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3.5	KW Central A/C Unit	115
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL to PERMIT
Date: 9/7/12
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 9/7/12
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/7/12	
Barrier-Free				
Temp. Cut-in Card Date Issued				
Final Cut-in Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$